IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: Board of County Commissioners.	FOR OFFICIAL USE ONLY:
Number of Sites : (5)	Agenda Date: 9-28-12
FEES: P.W.W.M	222201
Plus \$10.90 per site in excess of 6 sites \$0.00	0 10-17
\$210.00 \$2082.00 \$2.082.00	-
	*Not applicable within Municipalities
- Control of the Cont	
APPLICATION FOR PLAT OF SUBI	DIVISION DEVELOPMENT
Municipality: UNICORPORATED MIAMI-DADE COUNTY Sec.: 11 Twp.:	56_S. Rge.: E. / Sec.: Twp.: S. Rge.: E.
1. Name of Proposed Subdivision: RANCHES ESTATES	
2. Owner's Name: MAGM INVESTMENTS IN	Phope:
Address: 6 NE 187 ST. City: MIN	M State: 92. Zip Code: 33/32
Owner's Ercail Address:	
3. Surveyor's Name: Manuel G. Vera & Associates, Inc.	Phone: 305 221 6210
Address: 13960 SW 47th Street City: Miami	State: FL Zip Code: 33175
Surveyor's Email Address: snuin@mgvera.com	
4. Folio No(s).: 30-6911-001-0111	_ / /
5. Legal Description of Parent Tract: The E.149.36 feet, of the W.169.	
	et and less area formed by 25' radius arc curve tangent.
6. Street boundaries: SW 208th St. to the south, SW 132nd Ave. to the west	and SW 131st Ct. to the east.
7. Present Zoning: RU1 Zoning Hearing No.:_	
 Proposed use of Property: Single Family Res.(5 Units), Duplex(Units), Apartments(Units), Industrial/Warehouse(Square .Ft.),
Business(Sq. Ft.), Office(Sq. Ft.), Restaurant(
NOTE: List all plat restrictions zoning conditions or any other declaration, re	estriction, condition etc. that might affect this Tentative Plat.
I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the informati belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I a	
title to determine accurate ownership information. Furthermore, I am aware that the use of a public water supply and/or public sewer system may be	required for this development. If so required. I recognize that engineering drawings
for the extension of these utilities must be approved by the appropriate utility entity and by P.E.R	t.A. prior to the approval of the final plat.
Pursuant to Florida Statutes 837.06, whoever knowingly makes a false statement in writing shall be guilty of a misdemeanor of the second degree, punishable as provided in FS. 775	
STATE OF FLORIDA) SS: Signature	of Owner:
COUNTY OF MIAMI-DADE) (Print name &	0.000000
	12
BEFORE ME, personally appeared MISUE L GUTI TONCE acknowledged to and before me that (he/she) executed the same for	this day of <u>COVE</u> , <u>ZOL</u> A.D. and (he/she) r the purposed therein. Personally known or produce
as identification and who did (not)	take an oath.
WITNESS my hand and seal in the County and State last aforesaid the	nis day of A.D.
	f Notary Public:
	Type name here:
Southed True Cry Fain Insurance 800-385-7019	July 2/2013. 909537
(NOTARY SEAL) Note: The reverse side of this sheet may be used for a statement of additional	(Commission Expires) (Commission Number)
and the reverse side of this sheet may be used for a statement of additions	al items you may wish considered. REV. 2- 11/01/065

